Logo, company name

Description automatically generated

**The Association of Administrators of the Interstate Compact on Adoption and Medical Assistance**®

**Designation of State Compact and Deputy Compact Administrators**

***The following individuals have been designated as the Compact Administrator(s) of the ICAMA for the:***

|  |  |
| --- | --- |
| ***State of*** | |
| ***Compact Administrator(s):*** | |
|  |  |
| **1. Name *(please print)*** | **2. Name *(please print)*** |
|  |  |
| **Title** | **Title** |
|  |  |
| **Agency** | **Agency** |
|  |  |
| **Phone and E-mail** | **Phone and E-mail** |
| ***Deputy Compact Administrator(s):*** | |
|  |  |
| **1. Name *(please print)*** | **2. Name *(please print)*** |
|  |  |
| **Title** | **Title** |
|  |  |
| **Agency** | **Agency** |
|  |  |
| **Phone and E-mail** | **Phone and E-mail** |
| ***Authorized Signature\* Printed name and date*** | |
|  | |
|  | |
|  |  |
| **Name** | **Title** |
|  |  |
| **Agency** | **Date** |
|  | |
| ***\* Person in the state who has authority to designate ICAMA Compact Officials.*** | |

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